

#### **Melissa Peddy**

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# Connecting Clients to Resources

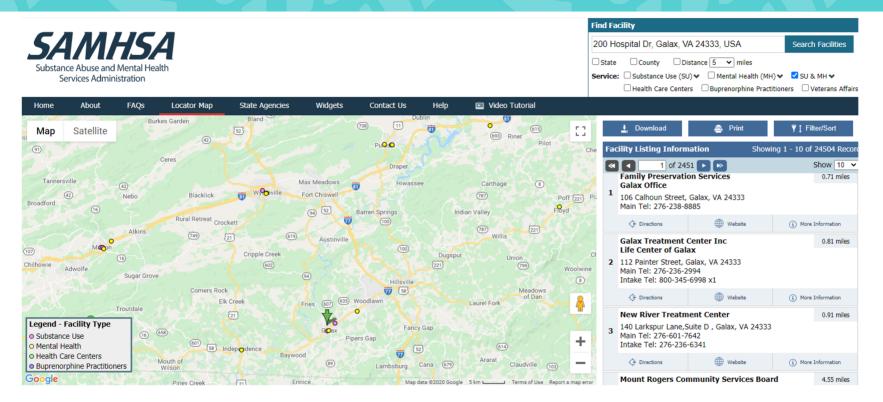
# **Key Topics**

- How to Locate Resources
- Review of American Society of Addiction Medicine (ASAM)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)

## **How to Locate Resources**

National Locators	Substance Use Treatment Focused: http://findtreatment.gov/ Mental Health & Substance Use: https://findtreatment.samhsa.gov/
Virginia Community Services Boards	https://vacsb.org/csb-bha-directory/
Private Practice Locators	https://www.psychologytoday.com/us/therapists https://www.goodtherapy.org/find-therapist.html
EMDRIA Locator PCIT Provider	https://www.emdria.org/find-a-therapist/ http://www.pcit.org/united-states.html#VA
American Psychological Association National Locator	https://locator.apa.org/

Tip: Each evidence-based practice (EBP) will have a national locator for therapists trained and/or certified in the EBP.



#### **Behavioral Health Treatment Services Locator**

Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.

#### What to expect

Help is available, treatment works, and people recover every day.





#### **Treatment options**

Learn about finding quality treatment, the different types of treatment, and what to expect when starting treatment.



#### **Paying for treatment**

Learn more about the cost of treatment and payment options.



#### Understanding addiction

Addiction is a chronic disease that changes the brain and alters decision-making.



#### Understanding mental health

About half of people with a substance use disorder also experience serious mental illness.



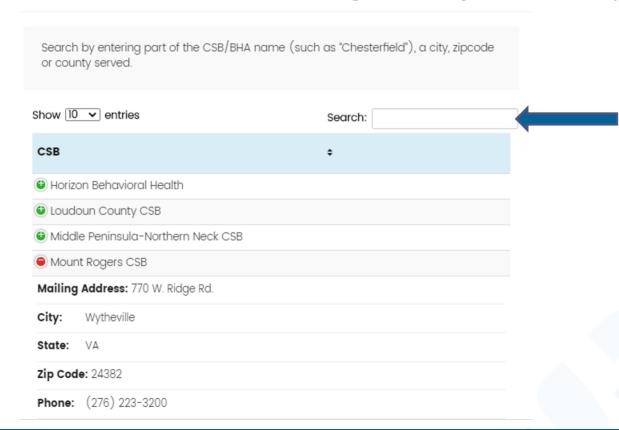


For help finding treatment 1-800-662-HELP (4357)

## **Community Service Boards**

#### CSB/BHA Directory

https://vacsb.org/csb-bha-directory/



### What Do CSBs Offer?

# **Same Day Access:**Single Point of Entry for Most Services

- Same Day Access Hours are available every weekday in order to provide quick and easy access to services. No referral needed!
- Staff are dedicated to be available to begin intakes during these times
- Accommodations can be made for afternoon or evening hours
- Please note that an intake can take approximately 2 hours
- If families have private insurance, please have the family contact their carrier to ensure the CSB is an approved provider



Each CSB will differ in services offered.

# Substance Abuse (SA) Block Grant Services

 Some CSBs will have specific programs for pregnant and/or parenting women who are at-risk or currently substance using, such as Project LINK (10 of 40 CSBs) and Special Deliveries (New River Valley CSB)

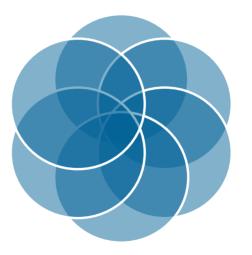
- Pregnant women who are referred/seek treatment and are in need of substance use treatment must receive priority and be <u>admitted</u> <u>to treatment within 48 hours</u> of their request
- CSBs prioritize as follows:
  - Pregnant and injecting substance users or opiates by any means
  - Other pregnant substance users
  - Injecting substance users; opiates by any means; and
  - All others

## **Project LINK Services for Mothers**

Screening and Assessment for Substance Use, Mental Health, and Intimate Partner Violence

Individual Trauma and/or Substance Use Therapy

- Substance Use Intensive Outpatient Program (IOP)
- Nurturing Parenting
- Seeking Safety
- A Woman's Way Through the Twelve Steps



Peer Led Support Groups

Intensive case management and home visiting services

Individual Peer Recovery
Support Services

## **Additional Project LINK Services for Mothers**

Completing and monitoring Plans of Safe Care (POSC)

**Baby Bucks Program** 

Quarterly recreational events



Transportation assistance

Referral to Virginia Department of Health (VDH)'s NAS Outreach Supports, and WIC

Referral to Permanent Supportive Housing (PSH) Referral to Psychiatric Services, Detox, & Medication Assisted Treatment (MAT)

# **Current Project LINK Services Available for Children**

Developmental Screenings

Referral to Early
Intervention/
Part C Services and
Behavior Therapy
Services (ABA)

Referral to Baby Care from VDH

Child Care Services while caregivers are attending IOP for young children not enrolled in school

Case management services for those who meet at-risk of SED or SED

Parent-Child Interaction
Therapy (PCIT)

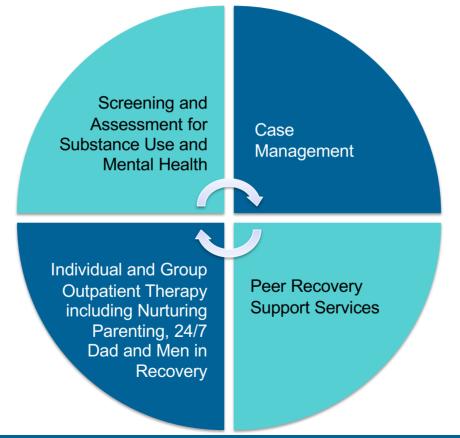
## Parent-Child Interaction Therapy (PCIT)

- Parent Child Interaction Therapy (PCIT) is conducted through "coaching" sessions between a caregiver and a child between 2.5 and 6 years old
- Children and caregivers are in a playroom while the PCIT therapist is in an observation room watching the interaction through a one-way mirror
- A caregiver wears a "bug-in-the ear" device through which the PCIT therapist provides in-the-moment coaching on skills being learned to manage a child's behavior
- The main focus of PCIT is increasing a child's positive behaviors



PCIT International pcit.org

Project LINK Services for Fathers and Partners



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# What Mothers are Saying About Project LINK Services:

"The loving understanding help that I've received from Project LINK is priceless! They really care about me and my recovery and because of that I've made much progress. The program covers everything! Being a mother, being a child, suffering from trauma and addiction it really has helped me understand the whole process of being in recovery. I want to say thank you Project LINK from the bottom of my heart."

## **Making CSB Connections**

Know what services your CSB offers

- CSBs typically offer a wide variety of services, as well as brochures for each service.
- Ask for a training or meeting about services that is convenient for your schedule.

Find a point of contact

- Most CSBs will have at least two divisions or departments: Adult Services and Youth Services.
- Ask for the best contact person for the services your families need.

### **ASAM**

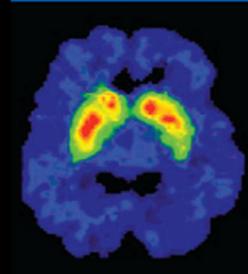
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

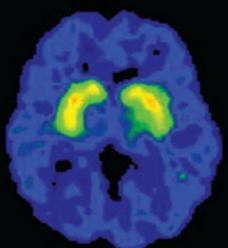
#### Characteristics of ASAM's Definition of Addiction

- » Inability to consistently Abstain;
- » Impairment in Behavioral control;
- » Craving; or increased "hunger" for drugs or rewarding experiences;
- » Diminished recognition of significant problems with one's behaviors and interpersonal relationships; and
- » A dysfunctional Emotional response.1

#### BRAIN RECOVERY WITH PROLONGED ABSTINENCE



HEALTHY CONTROL



PATIENT WITH METHAMPHETAMINE USE DISORDER

1 MONTH OF ABSTINENCE

14 MONTHS OF ABSTINENCE

## **ASAM Levels of Care**

#### Level 1.0

- Opioid Treatment Program
- Outpatient Services

#### Level 2.1

 Intensive Outpatient Services

#### Level 2.5

 Partial Hospitalization Services

#### Level 3.1

 Clinically Managed Low-Intensity
 Residential Services

#### Level 3.3

Clinically Managed
Population-Specific
High-Intensity
Residential Services

#### Level 3.5

 Clinically Managed High-Intensity Residential Services

#### Level 3.7

 Medically Monitored Intensive Inpatient Services

#### Level 4.0

 Medically Managed Intensive Inpatient Services

## The SBIRT Model

#### **Screening**

- Quickly identify the severity of substance use & appropriate intervention level
- Two levels:
  - Universal/Triage
  - Secondary

#### **Brief Intervention**

 Increase insight & awareness of substance use; motivate toward behavioral change

## Referral to Treatment: Brief & Specialty

- Embedded brief treatment
- Refer to specialty care when needed

Identification

Intervention

Referral

Mild Risk

Moderate & Severe Risk

# Rationale for Universal Screening

Drinking & drug use are common

Drinking & drug use can increase risk for health problems, safety risks, & other issues

Drinking & drug use often go undetected

People are more open to change than you might expect



# Strategies for Successful Screening

- Introduction to the questions
  - Rationale and standard procedure
- Stick to questions as worded
- Explore each substance, many people use more than one
- Nonjudgmental



# The Goals of Brief Intervention (BI)

The general goal of a BI is to:

- Educate the patient on safe levels of substance use
- <u>Increase</u> the patient's <u>awareness</u> of the consequences of substance use
- Motivate the patient towards <u>changing</u> substance use behavior
- <u>Assist</u> the patient in making choices that reduce their risk of substance use problems



## **CORE MI Communication Strategies: OARS**

# Open-Ended Questions

- Ask more open questions than Yes & No Qs
- How? What? Tell me more about that.

#### **Affirmations**

- Point out positive things about the patient
- Prior achievements, accomplishments, success

### Reflections

(The most important skill in MI)

 Listening and understanding what the patient is saying, thinking and feeling, then saying it back to the patient

#### **Summaries**

- Long reflection of several statements used by the patient
- Strategically selecting patient's own reasons to change

## **Steps in the Brief Negotiated Interview (BI)**

MI Phases	BNI Steps
Engage	Establish Rapport     Raise the Subject
Focus	2. Explore Use (Pros/Cons) Provide Feedback
Evoke	3. Assess Readiness for Change
Plan	4. Develop Action Plan

## **Psychological Treatments That Work**

- Motivational interviewing
- Motivational enhancement therapy
- Cognitive behavioral therapy
- Structured family and couple's therapy
- Contingency management
- Community reinforcement therapy
- 12-step facilitation therapy



## **The Referral Process**

- Explain the necessity for and process of referral to individual
- Describe treatment options based on available services. Ask permission to facilitate a referral to treatment
- The warmer the handoff, the better the outcome
- Explain how care will be coordinated





## **Referral Considerations**

- Culture, Ethnicity, Gender, Sexual Identity/Orientation, etc.
- Payment for services
  - The #1 barrier to treatment is COST
- Time to access care
  - After 14 days, about 50% of people will not follow through with the referral, regardless of their motivation in your office
  - 50% of people will drop out of services if put on a waitlist
- Family support, accessibility



Women are more likely to **enter** treatment, **complete** treatment, and maintain **abstinence** if they have their children while they get treatment.



SOURCE: ASAM, 2011



# Connecting Clients to Resources

### For more information

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